

PRINTED 12/08/2011

ANNA E FLEMING
 356 WILKES DRIVE
 JERSEY CITY NJ 07302-

	Taxpayer	Spouse
SSN	241-02-0752	
Birth	08/16/1965	
Death		
Day Phone	201-555-1212	
Evening		
Cell or Fax	862-555-3434	
PIN	12345	

Email ANNA0733@MYMAIL.COM
 Taxpayer Occupation EDITOR Spouse Occupation _____
 Filing Status HEAD OF HOUSEHOLD

JAMES	12/25/2005	243-02-0752	SON	12	0
GRETE	10/16/2004	242-02-0762	DAUGHTER	12	1

Preparer ID: _____ Preparation Fee: _____ Date: _____

Preparer: _____

Preparer's Use:	1 _____	4 _____	Time in return min.
	2 _____	5 _____	
	3 _____	6 _____	

Recap of 2010 Income Tax Return

Earned Income	29,278.	Federal Tax	3,925.
Federal AGI	38,440.	Withholding	2,254.
Taxable Income	22,740.	Refund/(Due)	(863.)
EIC	408.	Tax Bracket	15.0 %

State	NJ			
Tax	345.			
Withholding	776.			
Refund/Due	577.			
State				
Tax				
Withholding				
Refund/Due				

	Maximum RAL	Partial RAL	2 week check	2 week deposit
Qualifying refund				
Fees				
Net refund				
Fast check				
2 week check				
State check				
Check one				

US Child Tax Credit, Federal Extension Payment, and Carryovers Worksheet 2010

Name: ANNA E FLEMING

SSN: 241-02-0752

Child Tax Credit (CTC)

1	\$1,000 X <input type="text" value="1"/> qualifying children		1,000.
2	Modified AGI is AGI plus excluded income from Forms 2555 (EZ) and 4563, and excluded income from Puerto Rico	38,440.	
3	Modified AGI limitation \$110,000 married filing jointly; \$55,000 married filing separately; all others \$75,000	75,000.	
4	Subtract line 3 from line 2. If -0-, go to line 7		
5	Round up to next \$1,000		
6	Multiply line 5 by 5%		
7	Maximum child tax credit. Subtract line 6 from line 1. You cannot take the credit if this amount is -0-		1,000.
8	Amount from Form 1040, line 46, Form 1040A, line 28, or Form 1040NR, line 43	2,811.	
9	Credits for foreign tax, dependent care, elderly, education, retirement savings, adoption, mortgage interest, DC first-time homebuyers and residential energy	412.	
CTC Worksheet for Forms 8396, Mortgage Interest Credit, Form 8839, Adoption Credit, Form 8859, DC First-time Homebuyers Credit, and Form 5695, Residential Energy Credits			
1	Foreign tax credit + dependent care credit + elderly credit + education credit + retirement savings credit		
2	Amount from line 7 above		
3	Social security or RR tier 1 + Medicare		
4	Form 1040, line 27 + line 59; or Form 1040NR, line 54 + uncollected social security and Medicare taxes listed on W2		
5	Add lines 3 and 4		
6	Earned income credit and excess FICA/RRTA		
7	Subtract line 6 from line 5		
8	Maximum child tax credit, line 7 above, minus the larger of line 7 of this worksheet or Form 8812, line 6. This is the child tax credit for the purpose of figuring Forms 5695, 8396, 8839 and 8859. Use this amount in place of the child tax credit amount asked for on these forms		
9	Total of adoption credit, mortgage interest credit, DC first-time homebuyer credit, and residential energy credits as refigured.		
10	Add lines 1 and 9		
10	Subtract line 9 from line 8		2,399.
11	Child tax credit		1,000.

Amount paid with Federal extension (Form 4868 or 2350)

Carryovers from 2010 to 2011

1	Section 179 expense disallowed, Form 4562, accumulative total		
2	Net operating loss from 2010 only, Form 1045 Amt. carried forward from 2009. Listed on Form 1040, line 21, or Form 1040NR, line 21		
3	2010 charitable contributions. Organization limit:		
		Cash or other property 50% 30%	Capital Gain 30% 20%
4	Investment interest expense, Form 4952, accumulative total		
5	Foreign tax credit from 2010 only, Form 1116. Enter amount carried back, if any		
6	Adoption credit, Form 8839		
		2006 2007 2008 2009 2010	
7	Mortgage interest credit, Form 8396		
		2008 2009 2010	
8	General business credits for 2010 only, Form 3800		
9	Form 8844, for 2010 only. Enter amount carried back		
10	DC first-time homebuyer credit, Form 8859, cumulative total		
11	Prior year minimum tax credit, Form 8801, cumulative total		
12	AMT limited qualified electric vehicle credit from 2010 only		
13	Nonrecaptured net section 1231 losses		
		2006 2007 2008 2009 2010	

Label (See instructions) Use the IRS label. Otherwise, please print or type. For the year Jan. 1-Dec. 31, 2010, or other tax year beginning ,2010, ending ,20 OMB No. 1545-0074 Name Spouse's Name (if Joint Return) Home Address City, State, and ZIP Code ANNA E FLEMING 356 WILKES DRIVE JERSEY CITY NJ 07302- Your social security number 241-02-0752 Spouse's social security no. You must enter your SSN(s) above. Checking a box below will not change your tax or refund.

Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see instructions) [X] You [] Spouse

Filing Status 1 [] Single 4 [X] Head of household (with qualifying person). (See instructions.) 2 [] Married filing jointly (even if only one had income) If the qualifying person is a child but not your dependent, enter this child's name here. 3 [] Married filing separately. Enter spouse's SSN above and full name here. 5 [] Qualifying widow(er) with dependent child (see instructions)

Exemptions 6a [X] Yourself. If someone can claim you as a dependent, do not check box 6a 6b [] Spouse 6c Dependents: (1) First name Last name (2) Dependent's social security no. (3) Dependent's relationship to you (4) V if qualifying child for child tax credit (see inst) GRETE FLEMING 242-02-0762 DAUGHTER X Boxes checked on 6a and 6b No. of children on 6c who: lived with you did not live with you due to divorce or separation (see instr.) Dependents on 6c not entered above Add numbers on lines above 2

Income 7 Wages, salaries, tips, etc. Attach Form(s) W-2 7 22,530. 8a Taxable interest. Attach Schedule B if required 8a 417. b Tax-exempt interest. Do not include on line 8a 8b 418. 9a Ordinary dividends. Attach Schedule B if required 9a b Qualified dividends (see instructions) 9b 10 Taxable refunds, credits, or offsets of state and local income taxes (see instructions) 10 11 Alimony received 11 2,400. 12 Business income or (loss). Attach Schedule C or C-EZ 12 7,261. 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here [] 13 14 Other gains or (losses). Attach Form 4797 14 15a IRA distributions 15a b Taxable amount (see inst.) 15b 5,000. 16a Pensions and annuities 16a b Taxable amount (see inst.) 16b 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 17 18 Farm income or (loss). Attach Schedule F 18 19 Unemployment compensation (see instructions) 19 1,345. 20a Social security benefits 20a b Taxable amount (see inst.) 20b 21 Other income. List type and amount (see instr.) 21 22 Combine the amounts in the far right column for lines 7 through 21. This is your total income 22 38,953.

Adjusted Gross Income 23 Educator expenses 23 24 Certain business expenses of reservists, performing artists, and fee-basis gov. officials. Attach Form 2106 or 2106-EZ 24 25 Health savings account deduction. Attach Form 8889 25 26 Moving expenses. Attach Form 3903 26 27 One-half of self-employment tax. Attach Schedule SE 27 513. 28 Self-employed SEP, SIMPLE, and qualified plans 28 29 Self-employed health insurance deduction (see instr.) 29 30 Penalty on early withdrawal of savings 30 31a Alimony paid b Recipient's SSN 31a 32 IRA deduction (see instructions) 32 33 Student loan interest deduction (see instructions) 33 34 Tuition and fees. Attach Form 8917 34 35 Domestic production activities deduction. Attach Form 8903 35 36 Add lines 23 through 31a and 32 through 35 36 513. 37 Subtract line 36 from line 22. This is your adjusted gross income 37 38,440.

Tax and Credits	38	Amount from line 37 (adjusted gross income)	38	38,440.
	39a	Check <input type="checkbox"/> <input type="checkbox"/> You were born before Jan. 2, 1946, <input type="checkbox"/> Blind. <input type="checkbox"/> Total boxes checked <input type="checkbox"/> 39a		
		if: <input type="checkbox"/> <input type="checkbox"/> Spouse was born before Jan. 2, 1946, <input type="checkbox"/> Blind.		
	b	If your spouse itemizes on a separate return or you were a dual-status alien, see instructions and check here <input type="checkbox"/> 39b		
	40	Itemized deductions (from Schedule A) or your standard deduction (see instructions)	40	8,400.
	41	Subtract line 40a from line 38	41	30,040.
	42	Exemptions. Multiply \$3,650 by the number on line 6d	42	7,300.
	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	22,740.
	44	Tax (see instructions). Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972	44	2,811.
	45	Alternative minimum tax (see instructions). Attach Form 6251	45	
46	Add lines 44 and 45	46	2,811.	
47	Foreign tax credit. Attach Form 1116 if required	47		
48	Credit for child and dependent care expenses. Attach Form 2441	48	412.	
49	Education credits from Form 8863, line 23	49		
50	Retirement savings contributions credit. Attach Form 8880	50		
51	Child tax credit (see instructions)	51	1,000.	
52	Residential energy credits. Attach Form 5695	52		
53	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	53		
54	Add lines 47 through 53. These are your total credits	54	1,412.	
55	Subtract line 54 from line 46. If line 54 is more than line 46, enter -0-	55	1,399.	
Other Taxes	56	Self-employment tax. Attach Schedule SE	56	1,026.
	57	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	57	
	58	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required NO	58	500.
	59	a <input checked="" type="checkbox"/> Forms(s) W-2, box 9 b <input type="checkbox"/> Schedule H c <input type="checkbox"/> Form 5405, line 16	59	1,000.
	60	Add lines 55 through 59. This is your total tax	60	3,925.
Payments	61	Federal income tax withheld from Forms W-2 and 1099	61	2,254.
	62	2010 estimated tax payments and amount applied from 2009 return	62	
	63	Making work pay and government retiree credits. Attach Schedule M	63	400.
	64 a	Earned income credit (EIC)	64a	408.
	b	Nontaxable combat pay election <input type="checkbox"/> 64b		
	65	Additional child tax credit. Attach Form 8812	65	
	66	American opportunity credit from Form 8863, line 14	66	
	67	First-time homebuyer credit from Form 5405, line 10	67	
	68	Amount paid with request for extension to file (see inst.)	68	
	69	Excess social security and tier 1 RRTA tax withheld (see inst.)	69	
	70	Credit for federal tax on fuels. Attach Form 4136	70	
	71	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> 8839 c <input type="checkbox"/> 8801 d <input type="checkbox"/> 8885	71	
72	Add lines 61, 62, 63, 64a and 65 through 71. These are your total payments	72	3,062.	
Refund	73	If line 72 is more than line 60, subtract line 60 from line 72. This is the amount you overpaid	73	
	74 a	Amount of line 73 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	74a	
	b	Routing number <input type="text"/> c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d	Account number <input type="text"/>		
	Amount of line 73 you want applied to your 2011 estimated tax	75		
Amount You Owe	76	Amount you owe. Subtract line 72 from line 60. For details on how to pay, see inst.	76	863.
	77	Estimated tax penalty (see instructions)	77	

If you have a qualifying child, attach Schedule EIC.

Third Party Designee Do you want to allow another person to discuss this return with the IRS (see instructions)? Yes. Complete the following. No

Designee's name Phone no. Personal identification number (PIN)

Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Joint return? See instr. Keep a copy for your records.

Your signature	Date	Your occupation	Daytime phone number
<input type="text"/>	<input type="text"/>	EDITOR	201-555-1212
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Paid Preparer's Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name				Firm's EIN
	Firm's address				Phone no.

What Is Form 1040-V and Do You Have To Use It?

It is a statement you send with your check or money order for any balance due on the "Amount you owe" line of your 2010 Form 1040, Form 1040A, or Form 1040EZ. Using Form 1040-V allows us to process your payment more accurately and efficiently. We strongly encourage you to use Form 1040-V, but there is no penalty if you do not.

- Enter your daytime phone number and your SSN on your check or money order. If you are filing a joint return, enter the SSN shown first on your return. Also enter "2010 Form 1040," "2010 Form 1040A," or "2010 Form 1040EZ," whichever is appropriate.
- To help us process your payment, enter the amount on the right side of your check like this: \$ XXX.XX. Do not use dashes or lines (for example, do not enter "\$ XXX-" or "\$ XXX xx/100").

How To Fill In Form 1040-V

- Line 1.** Enter your social security number (SSN). If you are filing a joint return, enter the SSN shown first on your return.
- Line 2.** If you are filing a joint return, enter the SSN shown second on your return.
- Line 3.** Enter the amount you are paying by check or money order.
- Line 4.** Enter your name(s) and address exactly as shown on your return. Please print clearly.

How To Send In Your 2010 Tax Return, Payment, and Form 1040-V

- Detach Form 1040-V along the dotted line.
- Do not staple or otherwise attach your payment or Form 1040-V to your return or to each other. Instead, just put them loose in the envelope.
- Mail your 2010 tax return, payment, and Form 1040-V to the address shown on page 2 that applies to you.

How To Prepare Your Payment

- Make your check or money order payable to the "United States Treasury." Do not send cash.
- Make sure your name and address appear on your check or money order

US1040V1

Form **1040-V** (2010)

BCA

Make check or money order payable to "United States Treasury".

▼ Detach Here and Mail With Your Payment and Return ▼

Department of the Treasury
Internal Revenue Service

2010

Form 1040-V Payment Voucher

Enter the amount of your payment ▶	Dollars	Cents
		863.

1045

241-02-0752

ANNA E FLEMING
356 WILKES DRIVE
JERSEY CITY NJ 07302-

PO BOX 37008
Hartford CT 06176-0008

**Schedule C
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

**Profit or Loss From Business
(Sole Proprietorship)**

Partnerships, joint ventures, etc., generally must file Form 1065 or 1065-B.
Attach to Form 1040, 1040NR, or 1041. See instructions for Schedule C (Form 1040).

OMB No. 1545-0074

2010

Attachment
Sequence No. **09**

Name of proprietor ANNA E FLEMING		Social security number (SSN) 241-02-0752
A Principal business or profession, including product or service (see instructions) EDITOR		B Enter code from instructions 541990
C Business name. If no separate business name, leave blank.		D Employer ID no. (EIN), if any
E Business address (including suite or room no.) City, town or post office, state, and ZIP code		
F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify)		
G Did you "materially participate" in the operation of this business during 2010? If "No," see instructions for limit on losses <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
H If you started or acquired this business during 2010, check here		

Part I Income

1 Gross receipts or sales. Caution. See instructions and check the box if: <ul style="list-style-type: none"> This income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked, or You are a member of a qualified joint venture reporting only rental real estate income not subject to self-employment tax. Also see instructions for limit on losses. 	1	12,876.
2 Returns and allowances	2	
3 Subtract line 2 from line 1	3	12,876.
4 Cost of goods sold (from line 42 on page 2)	4	
5 Gross profit. Subtract line 4 from line 3	5	12,876.
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7 Gross income. Add lines 5 and 6	7	12,876.

Part II Expenses. Enter expenses for business use of your home **only** on line 30.

8 Advertising	8		18 Office expense	18	
9 Car and truck expenses (see instructions)	9	117.	19 Pension and profit-sharing plans	19	
10 Commissions and fees	10		20 Rent or lease (see instructions):		
11 Contract labor (see instructions)	11		a Vehicles, machinery, and equipment	20a	
12 Depletion	12		b Other business property	20b	
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21 Repairs and maintenance	21	
14 Employee benefit programs (other than on line 19)	14		22 Supplies (not included in Part III)	22	
15 Insurance (other than health)	15		23 Taxes and licenses	23	
16 Interest:			24 Travel, meals, and entertainment:		
a Mortgage (paid to banks, etc.)	16a		a Travel	24a	
b Other	16b		b Deductible meals and entertainment (see instructions)	24b	
17 Legal and professional services	17		25 Utilities	25	
			26 Wages (less employment credits)	26	
			27 Other expenses (from line 48 on page 2)	27	5,498.
28 Total expenses before expenses for business use of home. Add lines 8 through 27	28			28	5,615.
29 Tentative profit or (loss). Subtract line 28 from line 7	29			29	7,261.
30 Expenses for business use of your home. Attach Form 8829	30			30	
31 Net profit or (loss). Subtract line 30 from line 29. <ul style="list-style-type: none"> If a profit, enter on both Form 1040, line 12, and Schedule SE, line 2, or on Form 1040NR, line 13 (if you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3. If a loss, you must go to line 32. 	31			31	7,261.
32 If you have a loss, check the box that describes your investment in this activity (see instructions). <ul style="list-style-type: none"> If you checked 32a, enter the loss on both Form 1040, line 12, and Schedule SE, line 2, or on Form 1040NR, line 13 (if you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3. If you checked 32b, you must attach Form 6198. Your loss may be limited. 			32a <input type="checkbox"/>	All investment is at risk.	
			32b <input type="checkbox"/>	Some investment is not at risk.	

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule C (Form 1040) 2010

Part III Cost of Goods Sold (see instructions)

33 Method(s) used to value closing inventory: a Cost b Lower of cost or market c Other (attach explanation)

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory?
 If "Yes," attach explanation Yes No

35 Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35	
36 Purchases less cost of items withdrawn for personal use	36	
37 Cost of labor. Do not include any amounts paid to yourself	37	
38 Materials and supplies	38	
39 Other costs	39	
40 Add lines 35 through 39	40	
41 Inventory at end of year	41	
42 Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on page 1, line 4	42	

Part IV Information on Your Vehicle. Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43 When did you place your vehicle in service for business purposes? (month, day, year) ▶ 07/01/2008

44 Of the total number of miles you drove your vehicle during 2010, enter the number of miles you used your vehicle for:

a Business 234 b Commuting (see instr.) _____ c Other 10000

45 Was your vehicle available for personal use during off-duty hours? Yes No

46 Do you (or your spouse) have another vehicle available for personal use? Yes No

47a Do you have evidence to support your deduction? Yes No

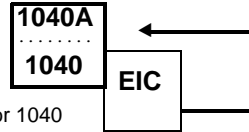
b If "Yes," is the evidence written? Yes No

Part V Other Expenses. List below business expenses not included on lines 8-26 or line 30.

PAPER	2,025.
PRINTER CARTRIDGES	1,048.
POSTAGE	1,500.
BUSINESS PHONE LINE	350.
WP COURSE	575.
48 Total other expenses. Enter here and on page 1, line 27	48 5,498.

SCHEDULE EIC
(Form 1040A or 1040)

Earned Income Credit
Qualifying Child Information



OMB No. 1545-0074

2010

Attachment
Sequence No. **43**

Department of the Treasury
Internal Revenue Service (99)

Complete and attach to Form 1040A or 1040
only if you have a qualifying child.

Name(s) shown on return
ANNA E FLEMING

Your social security number
241-02-0752

Before you begin:

- See the instructions for Form 1040A, lines 41a and 41b, or Form 1040, lines 64a and 64b, to make sure that **(a)** you can take the EIC, and **(b)** you have a qualifying child.
- Be sure the child's name on line 1 and social security number (SSN) on line 2 agree with the child's social security card. Otherwise, at the time we process your return, we may reduce or disallow your EIC. If the name or SSN on the child's social security card is not correct, call the Social Security Administration at 1-800-772-1213.

!
CAUTION

- If you take the EIC even though you are not eligible, you may not be allowed to take the credit for up to 10 years. See instructions for details.
- It will take us longer to process your return and issue your refund if you do not fill in all lines that apply for each qualifying child.

Qualifying Child Information

Child 1

Child 2

Child 3

1 Child's name If you have more than three qualifying children, you only have to list three to get the maximum credit.	First name	Last name	First name	Last name	First name	Last name
		JAMES	FLEMING	GRETE	FLEMING	
2 Child's SSN The child must have an SSN as defined in the Form 1040A instructions or the Form 1040 instructions unless the child was born and died in 2010. If your child was born and died in 2010 and did not have an SSN, enter "Died" on this line and attach a copy of the child's birth certificate, death certificate, or hospital medical records.	243-02-0752		242-02-0762			
3 Child's year of birth	Year <u>2005</u> <small>If born after 1991 and the child was younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</small>		Year <u>2004</u> <small>If born after 1991 and the child was younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</small>		Year _____ <small>If born after 1991 and the child was younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</small>	
4 a Was the child under age 24 at the end of 2010, a student, and younger than you (or your spouse, if filing jointly)?	<input type="checkbox"/> Yes.	<input type="checkbox"/> No.	<input type="checkbox"/> Yes.	<input type="checkbox"/> No.	<input type="checkbox"/> Yes.	<input type="checkbox"/> No.
b Was the child permanently and totally disabled during any part of 2010?	<input type="checkbox"/> Yes.	<input type="checkbox"/> No. The child is not a qualifying child.	<input type="checkbox"/> Yes.	<input type="checkbox"/> No. The child is not a qualifying child.	<input type="checkbox"/> Yes.	<input type="checkbox"/> No. The child is not a qualifying child.
5 Child's relationship to you (for example, son, daughter, grandchild, niece, nephew, foster child, etc.)	SON		DAUGHTER			
6 Number of months child lived with you in the United States during 2010 • If the child lived with you for more than half of 2010 but less than 7 months, enter "7." • If the child was born or died in 2010 and your home was the child's home for the entire time he or she was alive during 2010, enter "12".	<u>12</u> months Do not enter more than 12 months.		<u>12</u> months Do not enter more than 12 months.		_____ months Do not enter more than 12 months.	

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule EIC (Form 1040A or 1040) 2010

US Schedule EIC

Earned Income Credit Worksheet

2010

Name: ANNA E FLEMING

SSN: 241-02-0752

Figure Your Credit

1	Amount from Form 1040 or 1040A, line 7, 1040EZ, line 1 Enter the amount included in line 1 that was received					22,530.
a	by penal institution inmates for their work					
b	as a pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan. This amount should be shown in box 11 of Form W2 and should be included in line 1 above					
2	Taxable scholarship or fellowship grant not reported on Form(s) W2					
3	Line 1 minus line 1a, line 1b, and line 2					22,530.
4a	If you were self-employed or reported income and expenses on Schedules C or CEZ as a statutory employee, see instructions. If a member of the clergy, check <input type="checkbox"/>					6,748.
		Nontaxable combat pay included?				
		Taxpayer	Spouse	Both	No	
	Nontaxable combat pay					
5	Earned income				29,278.	29,278.
6	Credit from EIC table on line 5 income				2,335.	
7	Adjusted gross income				38,440.	
8	Credit from EIC table on line 7 income, if line 7 greater than <ul style="list-style-type: none"> • \$7,499 (\$12,499 if married filing jointly) and no qualifying children • \$16,449 (\$21,449 if married filing jointly) and 1 or more qualifying children 				408.	
9	Earned inc. credit. If line 7 is less than \$7,500 (\$12,500, \$16,450, \$21,450), line 6. Otherwise the smaller of line 6 or line 8				408.	408.

SCHEDULE M
(Form 1040A or 1040)

Making Work Pay Credit

OMB No. 1545-0074

2010

Department of the Treasury
Internal Revenue Service (99)

▶ **Attach to Form 1040A or 1040.**

▶ **See separate instructions.**

Attachment
Sequence No. **166**

Name(s) shown on return
ANNA E FLEMING

Your social security number
241-02-0752



To take the making work pay credit, you must include your social security number (if filing a joint return, the number of either you or your spouse) on your tax return. A social security number does not include an identification number issued by the IRS. Only the Social Security Administration issues social security numbers.



You cannot take the making work pay credit if you can be claimed as someone else's dependent or if you are a nonresident alien.

Important: Check the "No" box on line 1a and see the instructions if:

- (a) You have a net loss from a business,
- (b) You received a taxable scholarship or fellowship grant not reported on a Form W-2,
- (c) Your wages include pay for work performed while an inmate in a penal institution,
- (d) You received a pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan, or
- (e) You are filing Form 2555 or 2555-EZ.

1 a Do you (and your spouse if filing jointly) have 2010 wages of more than \$6,451 (\$12,903 if married filing jointly)?

- Yes.** Skip lines 1a through 3. Enter \$400 (\$800 if married filing jointly) on line 4 and go to line 5.
- No.** Enter your earned income (see instructions)

1a

b Nontaxable combat pay included on line 1a
(see instructions)

1b

2 Multiply line 1a by 6.2% (.062)

2

3 Enter \$400 (\$800 if married filing jointly)

3

4 Enter the **smaller** of line 2 or line 3 (unless you checked "Yes" on line 1a)

4

400.

5 Enter the amount from Form 1040, line 38*, or Form 1040A, line 22

5

38,440.

6 Enter \$75,000 (\$150,000 if married filing jointly)

6

75,000.

7 Is the amount on line 5 more than the amount on line 6?

- No.** Skip line 8. Enter the amount from line 4 on line 9 below.
- Yes.** Subtract line 6 from line 5

7

8 Multiply line 7 by 2% (.02)

8

9 Subtract line 8 from line 4. If zero or less, enter -0-

9

400.

10 Did you (or your spouse, if filing jointly) receive an economic recovery payment in **2010**? You may have received this payment in 2010 if you did not receive an economic recovery payment in 2009 but you received social security benefits, supplemental security income, railroad retirement benefits, or veterans disability compensation or pension benefits in November 2008, December 2008, or January 2009 (see instructions).

- No.** Enter -0- on line 10 and go to line 11.
- Yes.** Enter the total of the payments you (and your spouse, if filing jointly) received in **2010**. Do not enter more than \$250 (\$500 if married filing jointly)

10

11 **Making work pay credit.** Subtract line 10 from line 9. If zero or less, enter -0-. Enter the result here and on Form 1040, line 63; or Form 1040A, line 40

11

400.

*If you are filing Form 2555, 2555-EZ, or 4563 or you are excluding income from Puerto Rico, see instructions.

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule M (Form 1040A or 1040) 2010

Name of person with self-employment income (as shown on Form 1040) ANNA E FLEMING	Social security number of person with self-employment income ▶	241-02-0752
---	---	-------------

Section B - Long Schedule SE

Part I Self-Employment Tax

Note. If your only income subject to self-employment tax is **church employee income**, see instructions. Also see instructions for the definition of church employee income.

A If you are a minister, member of a religious order, or Christian Science practitioner **and** you filed Form 4361, but you had \$400 or more of **other** net earnings from self-employment, check here and continue with Part I

1 a Net farm profit or (loss) from Schedule F, line 36, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A. Note. Skip lines 1a and 1b if you use the farm optional method (see instructions)	1a	
b If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 6b, or listed on Schedule K-1 (Form 1065), box 20, code Y	1b	
2 Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders, see instructions for types of income to report on this line. See instructions for other income to report. Note. Skip this line if you use the nonfarm optional method (see instructions)	2	7,261.
3 Combine lines 1a, 1b, and 2 Subtract from that total the amount on Form 1040, line 29, or Form 1040NR, line 29, and enter the result (see instructions)	3	7,261.
4 a If line 3 is more than zero, multiply line 3 by 92.35% (.9235). Otherwise, enter amount from line 3 Note. If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.	4a	6,706.
b If you elect one or both of the optional methods, enter the total of lines 15 and 17 here	4b	
c Combine lines 4a and 4b. If less than \$400, stop ; you do not owe self-employment tax. Exception. If less than \$400 and you had church employee income , enter -0- and continue	4c	6,706.
5 a Enter your church employee income from Form W-2. See instructions for definition of church employee income	5a	
b Multiply line 5a by 92.35% (.9235). If less than \$100, enter -0-	5b	
6 Add lines 4c and 5b	6	6,706.
7 Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2010	7	106,800 00
8 a Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$106,800 or more, skip lines 8b through 10, and go to line 11	8a	17,130.
b Unreported tips subject to social security tax (from Form 4137, line 10)	8b	
c Wages subject to social security tax (from Form 8919, line 10)	8c	
d Add lines 8a, 8b, and 8c	8d	17,130.
9 Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11	9	89,670.
10 Multiply the smaller of line 6 or line 9 by 12.4% (.124)	10	832.
11 Multiply line 6 by 2.9% (.029)	11	194.
12 Self-employment tax. Add lines 10 and 11. Enter here and on Form 1040, line 56, or Form 1040NR, line 54	12	1,026.
13 Deduction for one-half of self-employment tax. Multiply line 12 by 50% (.50). Enter the result here and on Form 1040, line 27, or Form 1040NR, line 27	13	513.

Part II Optional Methods To Figure Net Earnings (see instructions)

Farm Optional Method. You may use this method **only** if (a) your gross farm income¹ was not more than \$6,720 or (b) your net farm profits² were less than \$4,851.

14 Maximum income for optional methods	14	4,480 00
15 Enter the smaller of: two-thirds (2/3) of gross farm income ¹ (not less than zero) or \$4,480. Also include this amount on line 4b above	15	

Nonfarm Optional Method. You may use this method **only** if (a) your net nonfarm profits³ were less than \$4,851 and also less than 72.189% of your gross nonfarm income,⁴ and (b) you had net earnings from self-employment of at least \$400 in 2 of the prior 3 years.

Caution. You may use this method no more than five times.

16 Subtract line 15 from line 14	16	
17 Enter the smaller of: two-thirds (2/3) of gross nonfarm income ⁴ (not less than zero) or the amount on line 16. Also include this amount on line 4b above	17	

¹ From Sch. F, line 11, and Sch. K-1 (Form 1065), box 14, code B.

² From Sch. F, line 36, and Sch. K-1 (Form 1065), box 14, code A-minus the amount you would have entered on line 1b had you not used the optional method.

³ From Sch. C, line 31; Sch. C-EZ, line 3; Sch. K-1 (Form 1065), box 14, code A; and Sch. K-1 (Form 1065-B), box 9, code J1.

⁴ From Sch. C, line 7; Sch. C-EZ, line 1; Sch. K-1 (Form 1065), box 14, code C; and Sch. K-1 (Form 1065-B), box 9, code J2.

W-2 DETAIL REPORT - 2010

Employer	EIN	TP SP	Gross Wages	Federal With.	FICA	Medicare	St	State Wages	State With.	Locality	Local With.
OAKWOOD WORLD-HERALD	24-1020752	X	14598	1002	905	211	NJ	14598	575		
BUTLER INC	24-2020752	X	2532	328	157	37	NJ	2532	201		
			-----	-----	-----	---		-----	---		
			17130	1330	1062	248		17130	776		

1099G DETAIL REPORT - 2010

Payer	T S	Unemployment Received	Repaid	Withholding Federal	State
-----	---	-----	-----	-----	-----
NEW JERSEY DEPARTMENT OF LABOR	X	1345		135	NJ
		----		---	
		1345		135	

1099 MISCELLANEOUS REPORT - 2010

Payer	ID number	Rent	Roy	Prizes	Fed With	Fish Boat	Med	Nonemp Comp	Sub Paymts	Crop Ins	EPP	Sect 409A	St	St With	St	St With
-------	-----------	------	-----	--------	----------	-----------	-----	-------------	------------	----------	-----	-----------	----	---------	----	---------

EDITOR:
WRIGHT PUBLISHI 24-4020752

12876

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1099-R DETAIL REPORT - 2010

Payer	EIN	T S	Box 7	IRA/SEP Simple	Fed. With.	State With.	Gross	1099R Taxable	Roll/ Exclude	Net	Cost	Cost Bal.
NORTHERN FINANCIAL S	24-7020752	T	1	X	750NJ		5000	5000		5000		
TRI-STATE PUBLISHERS	24-6020752	T	3		NJ		5400	5400		5400		
					---		-----	-----		-----		
					750		10400	10400		10400		

Child and Dependent Care Expenses

▶ Attach to Form 1040, Form 1040A, or Form 1040NR.

▶ See separate instructions.

1040
1040A
1040NR

2441

2010

Attachment
Sequence No. 21

Name(s) shown on return
ANNA E FLEMING

Your social security number
241-02-0752

Part I Persons or Organizations Who Provided the Care - You must complete this part.
(If you have more than two care providers, see the instructions.)

1 (a) Care provider's name	(b) Address (number, street, apt. no., city, state, and ZIP code)	(c) Identifying number (SSN or EIN)	(d) Amount paid (see instructions)
SALEM DAY CARE	87 NORTH CASPER DRIVE JERSEY CITY NJ 07302-	23-7020752	1,793.

Did you receive dependent care benefits?

No → Complete only Part II below.
Yes → Complete Part III on page 2.

Caution. If the care was provided in your home, you may owe employment taxes. If you do, you cannot file Form 1040A. For details, see the instructions for Form 1040, line 59, or Form 1040NR, line 58.

Part II Credit for Child and Dependent Care Expenses

2 Information about your **qualifying person(s)**. If you have more than two qualifying persons, see the instructions.

(a) Qualifying person's name		(b) Qualifying person's social security number	(c) Qualified expenses you incurred and paid in 2010 for the person listed in column (a)
First	Last		
JAMES	FLEMING	243-02-0752	897.
GRETE	FLEMING	242-02-0762	896.

3 Add the amounts in column (c) of line 2. Do not enter more than \$3,000 for one qualifying person or \$6,000 for two or more persons. If you completed Part III, enter the amount from line 31	3	1,793.
4 Enter your earned income . See instructions	4	29,278.
5 If married filing jointly, enter your spouse's earned income (if your spouse was a student or was disabled, see the instructions); all others , enter the amount from line 4	5	29,278.
6 Enter the smallest of line 3, 4, or 5	6	1,793.

7 Enter the amount from Form 1040, line 38; Form 1040A, line 22; or Form 1040NR, line 37 **7** 38,440.

8 Enter on line 8 the decimal amount shown below that applies to the amount on line 7

If line 7 is:			If line 7 is:		
Over	But not over	Decimal amount is	Over	But not over	Decimal amount is
\$0-15,000		.35	\$29,000-31,000		.27
15,000-17,000		.34	31,000-33,000		.26
17,000-19,000		.33	33,000-35,000		.25
19,000-21,000		.32	35,000-37,000		.24
21,000-23,000		.31	37,000-39,000		.23
23,000-25,000		.30	39,000-41,000		.22
25,000-27,000		.29	41,000-43,000		.21
27,000-29,000		.28	43,000-No limit		.20

8 x . 0.23

9 Multiply line 6 by the decimal amount on line 8. If you paid 2009 expenses in 2010, see the instructions **9** 412.

10 Tax liability limit. Enter the amount from the Credit Limit Worksheet in the instructions **10** 2,811.

11 **Credit for child and dependent care expenses.** Enter the **smaller** of line 9 or line 10 here and on Form 1040, line 48; Form 1040A, line 29; or Form 1040NR, line 46. **11** 412.

For Paperwork Reduction Act Notice, see the instructions.

Department of the Treasury
Internal Revenue Service

- ▶ Do not send to the IRS. This is not a tax return.
- ▶ Keep this form for your records. See instructions.

2010

Declaration Control Number (DCN) ▶ 00200752004271

Taxpayer's name ANNA E FLEMING	Social security number 241-02-0752
Spouse's name	Spouse's social security number

Part I Tax Return Information-Tax Year Ending December 31, 2010 (Whole Dollars Only)	
1 Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4)	1 38,440.
2 Total tax (Form 1040, line 60; Form 1040A, line 37; Form 1040EZ, line 11)	2 3,925.
3 Federal income tax withheld (Form 1040, line 61; Form 1040A, line 38; Form 1040EZ, line 7)	3 2,254.
4 Refund (Form 1040, line 74a; Form 1040A, line 46a; Form 1040EZ, line 12a; Form 1040-SS, Part I, line 12a)	4
5 Amount you owe (Form 1040, line 76; Form 1040A, line 48; Form 1040EZ, line 13)	5 863.

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2010, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from my electronic income tax return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgment of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my Federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. I further understand that this authorization may apply to future Federal tax payments that I direct to be debited through the Electronic Federal Tax Payment System (EFTPS). In order for me to initiate future payments, I request that the IRS send me a personal identification number (PIN) to access EFTPS. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

I authorize KINNELON LIBRARY TCE to enter or generate my PIN 12345
ERO firm name Enter five numbers, but do not enter all zeros
 as my signature on my tax year 2010 electronically filed income tax return.

I will enter my PIN as my signature on my tax year 2010 electronically filed income tax return. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____ Date ▶ 10/15/2011

Spouse's PIN: check one box only

I authorize _____ to enter or generate my PIN
ERO firm name Enter five numbers, but do not enter all zeros
 as my signature on my tax year 2010 electronically filed income tax return.

I will enter my PIN as my signature on my tax year 2010 electronically filed income tax return. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only-continue below

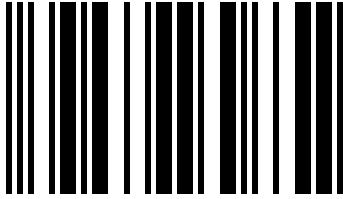
Part III Certification and Authentication-Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 20075298765
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2010 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Publication 1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ S24051405 KINNELON LIBRARY TCE Date ▶ 10/15/2011

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So



STATE OF NEW JERSEY INCOME TAX - RESIDENT RETURN

For Privacy Act Notification, See Instructions
For Tax Year Jan. - Dec. 2010 or Other Tax Year

Beginning _____, 2010 ____ Month Ending _____ 200__
On-line Federal Ext. Confirmation # _____

FLEMING ANNA E

356 WILKES DRIVE

JERSEY CITY

NJ 07302-0000 0906

6019

241020752

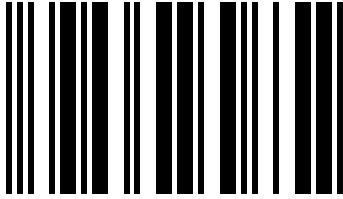
Under the penalties of perjury, I declare that I have examined this income tax return and rebate application, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete and that I occupied the rental property for which I am applying for the tenant rebate as my principal residence on October 1, 2010. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has any knowledge.

Pay amount on line 54 in full. Write Social Security # on check or money order and make payable to:
STATE OF NEW JERSEY - TGI
If you have an amount due, enclose your check and NJ-1040-V payment voucher and your return to: N J Division of Taxation, Revenue Processing Center, PO Box 111, Trenton, NJ 08645-0111
If REFUND: N J Division of Taxation, Revenue Processing Center, PO Box 555, Trenton, NJ 08647-0555

▶ _____ ▶ _____
Your Signature Date Spouse/CU Partner's Signature (If filing jointly, BOTH must sign)

Paid Preparer's Signature Federal Identification Number

Firm's Name Federal Employer Identification Number



000000000000000000

FLEMING ANNA E

001	00	014	17130	040	0	SS#	241020752
EXT	0	15a	417	40a	0	SP#	0
FS	4	15b	418	042	0	SS1	242020762
DP	0	016	0	044	0	BY1	2004
006	1	017	7261	045	0	SS2	0
007	0	018	0	046	345	BY2	0
008	1	019	5000	047	776	SS3	0
009	1	020	0	048	50	BY3	0
010	0	021	0	049	0	SS4	0
011	0	022	0	050	82	BY4	0
12a	2	023	0	50b	0	DDI	4
12b	1	024	2400	50c	0	AT	0
RSF	000000	025	0	051	14	FOR	0
RST	000000	026	32208	052	0	RN	0
GEF	1	27a	5000	053	0	PID	0
HCa	0	27b	0	054	922	FID	0
HCb	0	27c	5000	055	0		
HCc	0	029	3500	056	577		
HCd	0	030	0	057	0		
22c	0	031	0	058	0		
VC	1045	032	0	059	0		
CTY	0906	033	0	060	0		
PDR	0	36a	2160	061	0		
DNM	0	36b	0	062	0		
PA	0	36c	0	063	0		
CDV	8816	037	23708	63c	0		
		038	345	064	0		
				065	577		

Name FLEMING ANNA E	Social Security Number 241-02-0752
-------------------------------	--

RESIDENCY STATUS If you were a New Jersey resident for ONLY part of the From _____ To _____ taxable year, give the period of New Jersey residency: MONTH DAY YEAR MONTH DAY YEAR

FILING STATUS 1. Single 2. Married/CU Couple, filing joint return 3. Married/CU Partner, filing separate return 4. Head of Household 5. Qualifying Widow(er)/Surviving CU Partner

EXEMPTIONS 6. Regular <input type="checkbox"/>	10. Number of other dependents <input type="checkbox"/>
7. Age 65 or Over <input type="checkbox"/>	11. Dependents attending colleges <input type="checkbox"/>
8. Blind or Disabled <input type="checkbox"/>	12. Totals (Line 12a - Add Lines 6, 7, 8 and 11) <input type="checkbox"/>
9. Number of qualified dependent children <input type="checkbox"/>	(Line 12b - Add Lines 9 and 10) <input type="checkbox"/>

13. Dependent's information from Lines 9 and 10. (ATTACH RIDER IF MORE THAN FOUR)

	LAST NAME, FIRST NAME, MIDDLE INITIAL	SOCIAL SECURITY #	BIRTH YEAR
a.	FLEMING GRETE	242-02-0762	2004
b.			
c.			
d.			

If the dep. does not have health ins. including NJ Family Care / Medicaid, Medicare, private or other, check the box. (see inst.)

GUBERNATORIAL ELECTIONS FUND Do you wish to designate \$1 of your taxes for this fund? Yes No
 If joint return, does your spouse/CU partner wish to designate \$1? Yes No

14. Wages, salaries, tips, and other employee compensation (Enclose W-2)	14	17,130.
15a. Taxable interest income (See instructions) (Enclose Fed Sch B if over \$1,500)	15a	417.
15b. Tax exempt interest income. DO NOT include on Line 15a	15b	418.
16. Dividends	16	
17. Net profits from business (Enclose copy of Federal Schedule C, Form 1040)	17	7,261.
18. Net gains or income from disposition of property (Schedule B, Line 4)	18	
19. Pensions, Annuities, and IRA Withdrawals (See instructions)	19	5,000.
20. Distributive Share of Partnership Income (See instructions)	20	
21. Net pro rata share of S Corporation Income (See instructions) (Enclose Schedule)	21	
22. Net gain or income from rents, royalties, patents & copyrights (Schedule C, Line 3)	22	
23. Net Gambling Winnings (See Instructions)	23	
24. Alimony and separate maintenance payments received	24	2,400.
25. Other (See instructions)	25	
26. Total income (Add Lines 14, 15a, 16 through 25)	26	32,208.
27a. Pension Exclusion (See instructions)	27a	5,000.
27b. Other Retirement Income Exclusion (See Worksheet and instr.)	27b	
27c. Total Exclusion Amount (Add line 27a and Line 27b)	27c	5,000.
28. New Jersey Gross Income (Subtract Line 27c from Line 26) See instructions.	28	27,208.
29. Total Exemption Amount - See instructions (Part Year Residents see instructions.)	29	3,500.
30. Medical Expenses (See Worksheet and instr.)	30	
31. Alimony and Separate Maintenance Payments	31	
32. Qualified Conservation Contribution	32	
33. Health Enterprise Zone Deduction	33	
34. Total Exemptions and Deductions (Add Lines 29, 30, 31, 32 and 33)	34	3,500.
35. Taxable Income (Subtract Line 34 from Line 28) If zero or less, MAKE NO ENTRY.	35	23,708.
36a. Total Property Taxes Paid	36a	2,160.
36b. Fill in oval if you were a New Jersey homeowner on October 1, 2010		<input type="checkbox"/>
36c. Property Tax Deduction (See instructions)	36c	
37. NEW JERSEY TAXABLE INCOME (Subtract Line 36c from Line 35) If zero or less, MAKE NO ENTRY.	37	23,708.
38. Tax (From Tax Tables, see instructions)	38	345.
39. THIS LINE IS NOT USED ON COMPUTER GENERATED RETURNS		
40. Credit For Income Taxes Paid to Other Jurisdictions. Enter other jurisdiction code (See instr.)	40	<input type="checkbox"/>
41. Balance of Tax (Subtract Line 40 from Line 38)	41	345.
42. Sheltered Workshop Tax Credit	42	
43. Balance of Tax after Credit (Subtract Line 42 from 41)	43	345.
44. Use Tax Due on Out-of-State Purchases (See instructions) If no Use Tax, enter ZERO.	44	
45. Penalty for Underpayment of Estimated Tax Check if Form 2210 enclosed.	45	<input type="checkbox"/>
46. Total Tax and Penalty (Add Lines 43, 44 and 45)	46	345.

Name		Social Security Number	
FLEMING ANNA E		241-02-0752	
47	Total New Jersey Income Tax Withheld (Enclose forms W-2 and 1099)	47	776.
48	Property Tax Credit (See instructions)	48	50.
49	New Jersey Estimated Tax Payments/Credit from 2009 tax return.	49	
50	New Jersey Earned Income Tax Credit (See instructions) (Fill in only one)	50	82.
Fill in the box if you had the IRS figure your Federal Earned Income Credit. <input type="checkbox"/>			
Fill in the box if you are a CU couple claiming the NJ Earned Income Tax Credit <input type="checkbox"/>			
51	EXCESS New Jersey UI/SF/SWF Withheld (See instr.) (Enclose Form NJ-2450)	51	14.
52	EXCESS New Jersey Disability Insurance Withheld (See instr.) (Enclose Form NJ-2450)	52	
53	EXCESS New Jersey Family Leave Withheld (See instructions) (Enclose Form NJ-2450)	53	
54	Total Payments/Credits (Add Lines 47 through 53)	54	922.
55	If Line 54 is LESS THAN Line 46, enter AMOUNT YOU OWE.	55	
If you owe tax, you may make a donation by entering an amount on Lines 58, 59, 60, 61, 62 and/or 63 and adding this to your payment amount.			
56	If Line 54 is MORE THAN Line 46, enter OVERPAYMENT	56	577.
Deductions from Overpayment on Line 56 which you elect to credit to:			
57	Your 2011 tax	57	
58	N.J. Endangered Wildlife Fund <input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other	58	
59	N.J. Children's Trust Fund <input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other	59	
60	N.J. Vietnam Veterans' Memorial Fund <input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other	60	
61	N.J. Breast Cancer Research Fund <input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other	61	
62	U.S.S. New Jersey Educational Museum Fund <input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other	62	
63	Other Designated Contribution (See instructions) <input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other <input type="checkbox"/>	63	
64	Total Deductions from Overpayment (Add Lines 57 through 63)	64	
65	REFUND (Amount to be sent to you. Subtract Line 64 from Line 56)	65	577.

DIRECT DEPOSIT INFORMATION

`1' for Refund only and `4' for no.

Check Routing Number

Account Number

Type of account (`C' for Checking, `S' for Savings)

Fill in check box if refund is going to an account outside the US

I authorize the Division of Taxation to discuss my return and enclosures with my preparer

NJ

Dependents Information

2010

Name: ANNA E FLEMING

SSN: 241-02-0752

First name	MI	Last name	SSN	Birth year
GRETE		FLEMING	242-02-0762	2004

NJ-2450

EMPLOYEE'S CLAIM FOR CREDIT FOR EXCESS UI/WF/SWF AND DISABILITY INSURANCE, AND/OR FAMILY LEAVE INSURANCE CONTRIBUTIONS FOR CALENDAR YEAR 2010

Claimant Social Security No. 241-02-0752	Name: ANNA E FLEMING
Note on Joint NJ-1040 Return: Each spouse/CU partner must file a separate form when claiming a refund for excess contributions.	Address: 356 WILKES DRIVE City, State, Zip Code: JERSEY CITY NJ 07302-

To establish a right to this credit, claimants are required to complete the items below (information is to be transcribed from W-2 forms enclosed with your New Jersey State Income Tax return). Any items not substantiated by a W-2 or any information that is incomplete will cause the claim to be rejected. The amount withheld for the Unemployment Insurance/Workforce Development/Supplemental Workforce Funds, Disability Insurance, and the amount of Family Leave Insurance withheld must be reported separately on all W-2 statements.

TAKE ALL INFORMATION FROM YOUR W-2 FORMS.		COLUMN A	COLUMN B	COLUMN C
If the amount deducted by any one employer exceeds the maximum for either UI/WF/SWF, Disability Insurance, or Family Leave Insurance, insert the maximum in the appropriate Column(s) and contact that employer for a refund of the balance of the deduction.		UI/WF/SWF DEDUCTED	DISABILITY INSURANCE DEDUCTED	FAMILY LEAVE INSURANCE DEDUCTED
1A.	Employer's Name: OAKWOOD WORLD-HERALD Fed. Emp. I.D. #: 24-1020752 Private Plan #: _____ Wages: 14,598.	118.	73.	18.
B.	Employer's Name: BUTLER INC Fed. Emp. I.D. #: 24-2020752 Private Plan #: 9786654 Wages: 2,532.	22.	13.	3.
C.	Employer's Name: Fed. Emp. I.D. #: Private Plan #: _____ Wages:			
D.	Employer's Name: Fed. Emp. I.D. #: Private Plan #: _____ Wages:			
E.	Employer's Name: Fed. Emp. I.D. #: Private Plan #: _____ Wages:			
F.	Employer's Name: Fed. Emp. I.D. #: Private Plan #: _____ Wages:			
G.	* If additional space is required, enclose a rider and enter the total on this line			
2.	Total Deducted: Add Lines 1A thru 1G. Enter here.	140.	86.	21.
3.	Correct UI/WF/SWF, Disability Insurance, and/or Family Leave Deductions	126.22	148.50	35.64
4.	Deduct Line 3 Col. A from Line 2 Col. A. Enter on Page 3, Line 51 of the NJ-1040.	14.		
5.	Deduct Line 3 Col. B from Line 2 Col. B. Enter on Page 3, Line 52 of the NJ-1040.			
6.	Deduct Line 3 Col. C from Line 2 Col. C. Enter on Page 3, Line 53 of the NJ-1040			

I hereby apply for a credit for worker contributions deducted in excess of \$126.22 for N.J. UI/WF/SWF and/or in excess of \$148.50 for N.J. Disability Insurance and/or in excess of \$35.64 for NJ Family Leave Insurance deductions by reason of having received wages from two or more employers during the above calendar year and hereby submit the following statement of wages and deductions.

Claimant's Signature: _____ Date: _____
 1045

Name: FLEMING ANNA E

SSN: 241-02-0752

Part I

1	Value of IRA on December 31, 2010	
2	Total distributions from IRA during the tax year	5,000.
3	Total value of IRA	5,000.
*Unrecovered contributions: Complete either line 4a or 4b		
4 a	First year of withdrawal from IRA: Enter the total of IRA contributions that were previously taxed	
4 b	After first year of withdrawal from IRA: Enter amount of unrecovered contributions from Part II, line 7	
5	Accumulated earnings in IRA on December 31, 2010	5,000.
6	Divide line 5 by line 3	1.00
7	Taxable portion of this year's withdrawal	5,000.

Part II: Unrecovered contributions (For Second and Later Years)

1	Last year's unrecovered contributions	
2	Amount withdrawn last year	
3	Taxable portion of last year's withdrawal	
4	Contributions recovered last year	
5	This year's unrecovered contributions	
6	Contributions to IRA during current tax year	
7	Total unrecovered contributions	